IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

CRS, LLC, a Washington Limited)	
Liability Company)	
Plaintiff,)	
)	
v.) Civil Action No. 08-12	7
)	
Turner Broadcasting System, Inc.,)	
a Georgia Corporation)	
)	
Defendant.)	

AFFIDAVIT OF SERVICE

STATE OF DELAWARE

NEW CASTLE COUNTY :

Michael G. Busenkell, Esquire, being duly sworn, states as follows:

- 1. My name is Michael G. Busenkell, Esquire. I am the attorney of record for Plaintiff CRS, LLC.
- 2. On March 19, 2008, a Summons and Complaint were sent to Turner Broadcasting System, Inc. registered mail, postage prepaid, return receipt requested, as required to effect service of process as per 10 Del. C. § 3104.
- 3. The mailing receipt obtained at the time of the mailing of the Notice is attached to this affidavit as Exhibit A.
 - 4. The original return receipt is attached to this affidavit as Exhibit B.

Michael G. Busenkell

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Sworn to and subscribed before me

this day of March, 2008.

Delorah a. Chase Notary Public

DEBORAH A. CHASE NOTARY PUBLIC STATE OF DELAWARE My commission expires April 29, 2011 Case 1:08-cv-00127-GMS

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EXHIBIT A

Reg. Fee Postage Postage Received by Received by Received by Received by Customer Must Declare Full Value \$ \$0.00 Customer Must Declare Full Value \$ \$0.00 Received by Customer Must Declare Full Value \$ \$0.00 Customer Must Postal Insurance Full		20 80P 3PR 388EE 39	le Stamp			
Charge Receipt Postage Postage Receipt Postage Postage Receipt Received by Received by Customer Must Declare Full Value \$ \$1.00 Customer Must Declare Full Value \$ \$1.00 Customer Must Declare Insurance Without Postal Insurance Without Postal Insurance Without Postal Insurance Without Postal Insurance Without Postal Insurance Without Postal Insurance Verent Reverse). Pomestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).	4 , 1	Reg. Fee. 49.50				
Customer Must Declare Full Value \$ Insurance Without Postal Insurance Insurance Without Postal Insurance Insur	D.					
Customer Must Declare Full Value \$ Insurance Insuran	mplete t Office	Postage \$2.16 Restricted Delivery Received by Postage Restricted Delivery Received by Domestic Insurance up to				
Customer Must Declare Full Value \$ Insurance Insuran	Be Co By Post					
Entries Must Be Completed By Customer Proposed Print, 19801 Top Delowere Ave Suite 12W Linking Must Be in Ballboilt or Type The Construction of the Suite 12W The Construction of the Suite	⊭ ≅81	Full Value \$ Without Postal	International Indemnity is limited.			
Entries Must Be Completed By Customer Proposed Print, 19801 Top Delowere Ave Suite 12W Linking Must Be in Ballboilt or Type The Construction of the Suite 12W The Construction of the Suite	ga , r	OFFICIAL USE				
S Form 3806, Receipt for Registered Mail Copy 1 - Customer	To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	Etckent Seamons Chr. Dou Delaware Ave S Lilmington VT 19801 Tearner Broadcasting S Clarate Topporation 1201 Peach time St.	john de 1210			

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EXHIBIT B

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY A. Regelved by Please Print Clearly) B. Date of Delivery
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	C. Signature Agent Addressee Addressee Addressee
1. Article Addressed to: Turner Broadcasting Systems, Inc. O Registered Agent CT Corporation Sys 1201 Peach Tree Street, NE	If YES, enter delivery address below: U No tem
Atlanta, GA 30361	Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
11 C 3 W 3 T 10 0 0	Return Receipt 10259i5-00-M-095